

PTO/SB/22 (10-90).S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Docket Number (Optional) 32140-153023			
In re Application of Ulrike JECK-PROSCH et al.			
	Application Number (	9/512,669 F	iled February 24, 2000
For MONO-, DI- OR TRI-BASIC PROPELLANTS FOR GUN AMMUNITION AND METHOD FOR PRODUCING THE SAME			
	Group Art Unit 1762	Examiner M. Cleveland	
This is a request under the provision response in the above identified app	• •	to extend the perio	od for filing a
The requested extension and appro (check time period desired):	priate non-small-entity	fee are as follows	<b>;</b>
One month (37 CFR 1.17(a)(1))			\$
☐ Two months (37 CFR 1.17(a)(2))			
exi			\$570.00 (2 mth extension previously paid)
☐ Four months (37 CF	R 1.17(a)(4))		\$
☐ Five months (37 CFI	Five months (37 CFR 1.17(a)(5))		
Applicant claims small entity above is reduced by one-hated A check in the amount of the Payment by credit card. For the Commissioner has alrest application to a Deposit According The Commissioner is herebtor credit any overpayment, I have enclosed a duplicated I am the □ applicant/inventor. □ assignee of record of the Statement under 37 C □ attorney or agent of recording attorney or agent under	alf, and the resulting for e fee is enclosed.  Improved the proved to charge to Deposit Account Necessity of this sheet.  The entire interest. See FR 3.73(b) is enclose ord.	e is: \$  ned. o charge fees in the e any fees which m umber 22-0261.	is ay be required,
Registration number if acting under 37 CFR 1.34(a). 46,180 .			
WARNING: Information on this form be included on this form. Provide			
February 28, 2005		1/1000	) Roll
Date			Signature
A1 00000058 220261 09512669			Leith G. Haddaway
570.00 DA		Туре	ed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			

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★Total of 1 forms are submitted.

03/02/2005 BABRA

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